12030893013

STATEMENT OF **ORGANIZATION**

FORM 1		AllOit	RECEIVE (!			
f. NAME OF COMMITTEE (in full)	: (Check if name is changed)	Example: If typing, type over the lines.	12 PE4M5 FEC MAIL CENTER			
• • • • • • • • • • • • • • • • • • • •	oal intion M	I DWEST POL	intical Action 1			
Committee						
ADDRESS (number and street) P.D. BION 523						
(Check if address is changed)	Legaria					
	CITY A NAPO	<u>låsiri</u>	STATE A ZIP CODE A			
COMMITTEE'S E-MAIL ADDRE	SS		•			
(Check if address is changed)	(Check if address CMIDWESTRACRAMAIL COM					
	Optional Second E-Mail Add					
		<u></u>				
COMMITTEE'S WEB PAGE ADDRESS (URL)						
(Check if address is changed)	<u> </u>					
2. DATE	D 7 7 Y Y Y		·			
3. FEC IDENTIFICATION NUMBER > C						
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)						
I certify that I have examined th	ls Statement and to the best	of my knowledge and belief it	is true, correct and complete.			
Type or Print Name of Treasures	Ersal Order	Jun.				
Signature of Treasurer	melho		Data 09 18 2012			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office Use Only		For further information of Federal Election Commissi Toll Free 800-424-9530 Local 202-894-1100				

	FEC PC	NUL 1 (MANISAG OS/200A)	Page 2			
		PE OF COMMITTEE				
	Candidat	or Committee:				
	(a)	This committee is a principal campaign committee. (Complete the candidate information below	<i>i.</i>)			
	(b) ⁱ	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	mplete the candidate			
	Name of Candidate					
	Candidate Party Affiliati	Office Sought: House : Senate President	State District			
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate					
	Party Con					
	(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
	Political A	ction Committee (PAC):				
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) its co	nnected organization is a:			
		Corporation Wo Capital Stock	Labor Organization			
		Membership Organization Trade Association	Cooperative			
		In addition, this committee is a Lobbyist/Registratil PAC.				
	w X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)				
		In addition, this comnittee is a Lobbyist/Registrant PAO.				
		in addition, this committee is a Leadquamp PAC. (identify sponger on line 6.)				
	ioint Fund	raising Representative:				
(g) :	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at luxet ene of which is an authorized committee of a federal candidate.				
(†	1) :	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political			
	Com	Committees Participating in Joint Fundraleer				
	1.	FEC ID number C	, i			
	2.	FEC ID number C				
	3.	FEC ID number C				
	4.	FEC ID number C				

FEC Form 1 (Revised 02/2009)	· · · · · · · · · · · · · · · · · · ·	•	Page 3			
Write or Type Committee Name						
Turkish Coalition	midwest Politic	W Action Com	nitlee			
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor						
MONE		1111111				
Mailing Address						
 	 					
· · · · · · · · · · · · · · · · · · ·	CITY	STATE ZIF	CODE			
Relationship: . : Connected Organization ,			rship PAC Spansor			
i loighistap	:/ mindled Commission					
 Custodian of Records: Identify by name, ad books and records. 	dress (phone number optional) an	d position of the person in posses	sion of committee			
Full Name EVSAL DE	EMIN		<u> </u>			
Mailing Address Pio Bio	X1_5,2:31 1 1 1 1 1					
			. <u> </u>			
LINDICA	NAPOLIS	LM 14620	6-1			
Title or Position	CITY		CODE			
TYEASUREN	1 Telepho	ne number 2021-44	51-185571			
3. Treasurer: List the name and address (phone any designated agent (e.g., assistant treasure		of the committee; and the name	and address of			
Full Name Ersal Ozdi	EMAY		ليبي			
Malling Address Pio 40	<u> X. 15.23</u>					
<u>l </u>	<u> </u>	<u> </u>				
LADIA	NAPOLIS III		G-L			
Title or Position		ne number 2021-144	5-8 <i>66</i> 71			

Name of Bank, Depository, etc.

Mailing Address

LILITY STATE ZIP CODE

1203089301

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Federal Election Come ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing	INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Sign	ature Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
N	ext Business Day Delivery
Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
le l	10/4/2
PREPARER (3/2005)	DATE PREPARED